

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000083390

FILED
Jul 06, 2005
Secretary of State

Entity Name: DEPENDABLE WAREHOUSING & DISTRIBUTION, INC.

Current Principal Place of Business:

2900 NW 25 ST.
BOX 205
MIAMI, FL 33147 US

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD
240
MIAMI, FL 33134 US

New Mailing Address:

8500 WEST FLAGLER STREET
B-208
MIAMI, FL 33144 US

FEI Number: 65-0699652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRATS, GABRIEL
2121 PONCE DE LEON BLVD.
STE 240
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MIGUEL A., HERNANDEZ CPA
8500 WEST FLAGLER STREE
B-208
MIAMI, FL 33144 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MIGUEL A. HERNANDEZ

07/06/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: RIVAS, MANUEL R
Address: 964 SHAW DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: VPS () Delete
Name: RIVAS, ROSARIO C
Address: 3242 S.W. 141 AVE.
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: RIVAS, MANUEL R
Address: 3220 N.E. 164TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSARIO RIVAS

VPS

07/06/2005

Electronic Signature of Signing Officer or Director

Date